

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N063015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2015
NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING AT WINDSOR PLACE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 106 TYLER COFFEYVILLE, KS 67337		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named assisted living facility conducted on 4-22-15, 4-23-15 and 4-27-15.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c) The facility reported a census of 20 residents. The sample included 3 residents. Based on observation record review and interview for 1 (#100) of 3 sampled residents, the operator failed to ensure designated staff conducted a screening of the resident ' s functional capacity following a significant change in condition. Findings included: Record review for resident #100 revealed admission on 3-7-15 with diagnoses Atrial Fibrillation, Hypertension, Diabetes Mellitus Type 2. The function capacity screen (FCS) dated 2-6-15 recorded resident was independent with bathing, dressing, transfers, walking/mobility and eating; and unable to perform toileting and management	S3081		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3081	Continued From page 1 of medications. Frequently incontinent of urine. No problems with Cognition and Communication. Uses cane for walking. Current problems: falls/unsteadiness and impaired vision. The FCS does not accurately reflect resident ' s status. FCS lacked revision following hospitalization with a significant change in condition. Resident now requires physical assistance with mobility (per wheelchair). Nurses Notes: 4-15-15 at 6:00 pm: " Resident ambulating in room, going to dining room in wheelchair ... " Signed by certified staff B. 4-16-15 (no time indicated) stated: " Resident uses wheelchair for mobility to dining room area and back to room ... " Signed by licensed staff A. Interview on 4-22-15 at 2:14 pm with licensed nurse A and certified staff B confirmed resident ' s mobility changed upon return from hospital on 4-15-15 when he/she required a wheelchair. Certified staff B stated staff pushed resident in wheelchair to dining room. For resident #100, the operator failed to ensure designated staff conducted a screening upon return from hospitalization and experiencing a significant change in condition.	S3081		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced	S3082		

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S3082	<p>Continued From page 2</p> <p>by: KAR 26-41-201(d)</p> <p>The facility reported a census of 20 residents. The sample included 3 residents. For 1(#300) of 3 sampled residents, the operator failed to ensure designated staff ensured that each resident ' s functional capacity at the time of screening was accurately reflected on that resident ' s screening form.</p> <p>Findings included: -Record review for resident #300 revealed admission on 1-1-15 with diagnoses of Hypertension, Hypothyroidism, and Depression. The functional capacity screen (FCS) dated 1-1-15 recorded resident independent with toileting, transfers and walking/mobility; supervision with dressing; and unable to perform bathing, and management of medications/treatments. Cognition: problems with short-term memory and memory recall. Continent of bladder. Current problems/risks included falls/unsteadiness. Uses cane or walker.</p> <p>The FCS lacked documentation of resident ' s requirement for physical assistance with dressing and eating and lacked documentation regarding bladder continence.</p> <p>Interview on 4-23-15 at 11:05 am with certified staff C stated resident required physical assist with all aspects of dressing, combing of hair, instructions on brushing teeth, reminders for meals, staff cuts up meat. Stated resident is usually continent and wears depends. " We do everything for him/her. " Resident is pleasant but very confused. Certified staff C stated licensed staff A is aware of the level of care resident is being given.</p> <p>Interview with licensed staff A confirmed the FCS lacked documentation for physical assist with dressing, eating and bladder continence.</p>	S3082		

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S3082	Continued From page 3 For resident #300 the operator failed to ensure designated staff ensured that each resident ' s functional capacity at the time of screening was accurately reflected on that resident ' s screening form.	S3082		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1)(2) The facility reported a census of 20 residents. The sample included 3 residents. Based on the observation, record review and interview for 1 (#200) of 3 sampled residents the operator failed to ensure the negotiated service agreement provided identification of the services the resident will receive and identification of the provider of	S3085		

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S3085	<p>Continued From page 4</p> <p>each service. Findings included:</p> <p>- Record review for resident #200 revealed admission on 7-3-14 with diagnoses Diabetes Mellitus Type 2, Edema, Glaucoma, Congestive Heart Failure, Morbid Obesity, Chronic Sleep Apnea, Hypertension, Hyperlipidemia, and Post Cerebrovascular Accident.</p> <p>The functional capacity screen (FCS) dated 6-29-14 recorded resident unable to perform management of medications/treatments.</p> <p>The negotiated service agreement (NSA) dated 6-29-14 Facility staff to administer and store all medications. The NSA lacked a description of services for diabetic management (insulin administration and blood glucose monitoring) including identification of the provider services (delegated certified staff) and that the resident self-injects insulin.</p> <p>Physician 's order dated 7-3-14 stated: Accuchecks (blood glucose monitoring) daily. Contact nurse if blood sugar is less than 60 or over 300. Humalog Insulin 7 unit 's subcutaneously, three times daily with meals. Lantus insulin 20 units every day at bedtime subcutaneously.</p> <p>Review of Medication Adminstrant Record(MAR) for April 2015 revealed documentation of administration of insulin and blood sugar results recorded by certified medication aides. Observation on 4-22-15 at 11:35 am revealed certified staff B preparing the insulin pens by applying needle and dialing the pen for resident to self-inject.</p>	S3085		

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S3085	Continued From page 5 Interview on 4-22-15 at 4:40 pm with licensed staff A stated certified staff preformed accuchecks and prepared the insulin pens by applying the needles and dialing the pens for resident to self-inject insulin. Confirmed NSA lacked documentation of diabetes management (insulin administration and blood glucose monitoring), identification of provider of the services (delegated certified staff) and that resident self-injects insulin. For resident #200, the operator failed to ensure the NSA provided a description of services for diabetes management (insulin administration and blood glucose monitoring) and the provider of the services (delegated certified staff).	S3085		